

1	the recipient while the recipient resides in a nursing nome that is recoverable under
2	sub. (3) (a).
3	<b>SECTION 1446.</b> 49.496 (2) (b) 3. of the statutes is amended to read:
4	49.496 (2) (b) 3. The recipient's sibling who has an ownership interest in the
5	home and who has lived in the home continuously beginning at least 12 months
6	before the recipient was admitted to the nursing home or hospital.
7	<b>SECTION 1447.</b> 49.496 (2) (c) 1. of the statutes is amended to read:
8	49.496 (2) (c) 1. Notify the recipient in writing of its determination that the
9	recipient cannot reasonably be expected to be discharged from the nursing home or
10	hospital, its intent to impose a lien on the recipient's home and the recipient's right
11	to a hearing on whether the requirements for the imposition of a lien are satisfied.
12	<b>SECTION 1448.</b> 49.496 (2) (f) 3. of the statutes is amended to read:
13	49.496 (2) (f) 3. A child of any age who resides in the home, if that child resided
14	in the home for at least 24 months before the recipient was admitted to the nursing
15	home or hospital and provided care to the recipient that delayed the recipient's
16	admission to the nursing home or hospital.
17	<b>SECTION 1449.</b> 49.496 (2) (f) 4. of the statutes is amended to read:
18	49.496 (2) (f) 4. A sibling who resides in the home, if the sibling resided in the
19	home for at least 12 months before the recipient was admitted to the nursing home
20	or hospital.
21	SECTION 1450. 49.496 (2) (h) of the statutes is amended to read:
22	49.496 (2) (h) The department shall file a release of a lien imposed under this
23	subsection if the recipient is discharged from the nursing home or hospital and
24	returns to live in the home.
25	SECTION 1451. 49.496 (3) (a) (intro.) of the statutes is amended to read:

1	49.496 (3) (a) (intro.) Except as provided in par. (b), the department shall file
2	a claim against the estate of a recipient or against the estate of the surviving spouse
3	of a recipient for all of the following unless already recovered by the department
4	under this section:
5	<b>SECTION 1452.</b> 49.496 (3) (a) 1. of the statutes is amended to read:
6	49.496 (3) (a) 1. The amount of medical assistance paid on behalf of the
7	recipient while the recipient resided in a nursing home or while the recipient was an
8	inpatient in a $\frac{\text{medical institution}}{\text{hospital}}$ and was required to contribute to the cost
9	of care.
10	<b>SECTION 1453.</b> 49.496 (3) (a) 2. a. of the statutes is amended to read:
11	49.496 (3) (a) 2. a. Home-based or community-based services under 42 USC
12	1396d $(a)$ $(7)$ and $(8)$ and under any waiver granted under 42 USC $1396n$ $(c)$ $(4)$ $(B)$
13	or 42 USC 1396u.
14	<b>SECTION 1454.</b> 49.496 (3) (a) 2. d. of the statutes is created to read:
15	49.496 (3) (a) 2. d. Personal care services under s. 49.46 (2) (b) 6. j.
16	SECTION 1455. 49.496 (3) (am) (intro.) of the statutes is amended to read:
17	49.496 (3) (am) (intro.) The court shall reduce the amount of a claim under par.
18	(a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the
19	recipient's heirs or the beneficiaries of the recipient's will to retain the following
20	personal property:
21	<b>SECTION 1456.</b> 49.496 (3) (am) 3. of the statutes is amended to read:
22	49.496 (3) (am) 3. Other tangible personal property not used in trade,
23	agriculture or other business, not to exceed \$1,000 in value the amount specified in
24	<u>s. 861.33 (1) (a) 4</u> .

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1	<b>SECTION 1458.</b> 49.496 (3) (c) of the statutes is renumbered 49.496 (3) (c) 1. and
2	amended to read:
3	49.496 (3) (c) 1. If the department's claim is not allowable because of par. (b)
4	and the estate includes an interest in a home, the court exercising probate
5	jurisdiction shall, in the final judgment or summary findings and order, assign the
6	interest in the home subject to a lien in favor of the department for the amount
7	described in par. (a). The personal representative or petitioner for summary
8	settlement or summary assignment of the estate shall record the final judgment as
9	provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).
10	<b>SECTION 1459.</b> 49.496 (3) (c) 2. of the statutes is created to read:
11	49.496 (3) (c) 2. If the department's claim is not allowable because of par. (b),
12	the estate includes an interest in a home and the personal representative closes the
13	estate by sworn statement under s. 865.16, the personal representative shall
14	stipulate in the statement that the home is assigned subject to a lien in favor of the
15	department for the amount described in par. (a). The personal representative shall
16	record the statement in the same manner as described in s. 863.29, as if the
17	statement were a final judgment.
18	SECTION 1460. 49.496 (3) (f) of the statutes is created to read:
19	49.496 (3) (f) The department may contract with or employ an attorney to
20	probate estates to recover under this subsection the costs of care.
21	SECTION 1460m. 49.496 (4) of the statutes is amended to read:
22	49.496 (4) Administration. The department may require a county department
23	under s. 46.215, 46.22 or 46.23 or the governing body of a federally recognized

American Indian tribe administering medical assistance to gather and provide the

department with information needed to recover medical assistance under this

section. The department shall pay to a county department or tribal governing body an amount equal to 5% of the recovery collected by the department relating to a beneficiary for whom the county department or tribal governing body made the last determination of medical assistance eligibility. A county department or tribal governing body may use funds received under this subsection only to pay costs incurred under this subsection and, if any amount remains, to pay for improvements to functions required under s. 49.33(2)49.45(2)(b)1. The department may withhold payments under this subsection for failure to comply with the department's requirements under this subsection. The department shall treat payments made under this subsection as costs of administration of the medical assistance program.

SECTION 1461. 49.496 (5) of the statutes is amended to read:

49.496 (5) Use of funds. From the appropriation under s. 20.435 (5) (4) (im), the department shall pay the amount of the payments under sub. (4) that is not paid from federal funds, shall pay to the federal government the amount of the funds recovered under this section equal to the amount of federal funds used to pay the benefits recovered under this section and shall spend the remainder of the funds recovered under this section for medical assistance benefits under this subchapter.

SECTION 1462. 49.499 (intro.) of the statutes, as affected by 1997 Wisconsin Act 27, is renumbered 49.499 (1) (intro.).

**SECTION 1463.** 49.499 (1) to (3) of the statutes are renumbered 49.499 (1) (a) to (c).

SECTION 1464. 49.499 (2m) of the statutes is created to read:

49.499 (2m) From the appropriation under s. 20.435 (6) (g), the department may distribute funds for innovative projects designed to protect the health and property of a resident in a nursing facility, as defined in s. 49.498 (1) (i).

1	<b>SECTION 1465.</b> 49.665 (1) (a) of the statutes is renumbered 49.665 (1) (e) and
2	amended to read:
3	49.665 (1) (e) "Custodial parent Parent" has the meaning given in s. 49.141 (1)
4	( <del>b)</del> ( <u>j</u> ).
5	Section 1466. 49.665 (1) (b) of the statutes is repealed and recreated to read:
6	49.665 (1) (b) "Child" means a person who is under the age of 19.
7	SECTION 1467. 49.665 (1) (d) of the statutes is amended to read:
8	49.665 (1) (d) "Family" means a unit that consists of at least one dependent
9	child and his or her custodial parent or parents, all of whom reside in the same
10	household. "Family" includes the spouse of an individual who is a custodial parent
11	if the spouse resides in the same household as the individual.
12	SECTION 1468. 49.665 (1) (f) of the statutes is created to read:
13	49.665 (1) (f) "State plan" means the state child health plan under 42 USC
14	1397aa (b).
15	SECTION 1469. 49.665 (3) of the statutes is amended to read:
16	49.665 (3) Administration. The department shall administer a program to
17	provide the health services and benefits described in s. 49.46 (2) to families persons
18	that meet the eligibility requirements specified in sub. (4). The department shall
19	promulgate rules setting forth the application procedures and appeal and grievance
20	procedures. The department may promulgate rules limiting access to the program
21	under this section to defined enrollment periods. The department may also
22	promulgate rules establishing a method by which the department may purchase
23	family coverage offered by the employer of a member of an eligible family or by a
24	member of a child's household under circumstances in which the department

1	determines that purchasing that coverage would not be more costly than providing
2	the coverage under this section.
3	<b>SECTION 1470.</b> 49.665 (4) (a) 1. of the statutes is amended to read:
4	49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line,
5	except as provided in par. (at) and except that a family that is already receiving
6	health care coverage under this section may have an income that does not exceed
7	200% of the poverty line. The department shall establish by rule the criteria to be
8	used to determine income.
9	SECTION 1470d. 49.665 (4) (a) 3. of the statutes is amended to read:
10	49.665 (4) (a) 3. The family has not had access to employer-subsidized health
11	care coverage within the time period established by the department by rule, but not
12	to exceed 18 months, immediately preceding application for health care coverage
13	under this section. The department may establish exceptions to this subdivision
14 )	time period restriction by rule
15	SECTION 1471. 49.665 (4) (am) of the statutes is created to read:
16	49.665 (4) (am) A child who does not reside with his or her parent is eligible
17	for health care coverage under this section if the child meets all of the following
18	requirements:
19	1. The child's income does not exceed 185% of the poverty line, except as
20	provided in par. (at) and except that a child that is already receiving health care
21	coverage under this section may have an income that does not exceed 200% of the
22	poverty line. The department shall use the criteria established under par. (a) 1. to

2. The child does not have access to employer—subsidized health care coverage.

determine income under this subdivision.

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line.

3. The child has not had access to employer-subsidized health care coverage 1 within the time period established by the department under par. (a) 3. The  $\mathbf{2}$ department may establish exceptions to this subdivision. 3 4. The child meets all other requirements established by the department by 4 rule. In establishing other eligibility criteria, the department may not include any 5 6 health condition requirements. SECTION 1472. 49.665 (4) (at) of the statutes is created to read: 7 49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall 8 establish a lower maximum income level for the initial eligibility determination if 9 funding under s. 20.435 (4) (bc), (jz) and (p) is insufficient to accommodate the 10 projected enrollment levels for the health care program under this section. The 11 adjustment may not be greater than necessary to ensure sufficient funding. 12 b. The department may not lower the maximum income level for initial 13 eligibility unless the department first submits to the joint committee on finance its 14 plans for lowering the maximum income level and the committee approves the plan. 15 If, within 14 days after submitting the plan to the joint committee on finance, the 16 cochairpersons of the committee do not notify the secretary that the committee has 17 scheduled a meeting for the purpose of reviewing the plan, the plan is considered 18 approved by the committee. 19 2. If, after the department has established a lower maximum income level 20 under subd. 1., projections indicate that funding under s. 20.435 (4) (bc), (jz) and (p) 21

is sufficient to raise the level, the department shall, by state plan amendment, raise

the maximum income level for initial eligibility, but not to exceed 185% of the poverty

9 .

3.	The department may r	ot adjust t	he maximum	income l	level of 2	200% o	f the
poverty	line for persons alread	y receiving	health care c	overage	under th	is sect	tion.

**Section 1473.** 49.665 (4) (b) of the statutes is amended to read:

49.665 (4) (b) Notwithstanding fulfillment of the eligibility requirements under this subsection, a family no person is not entitled to health care coverage under this section.

**SECTION 1474.** 49.665 (4) (c) of the statutes is amended to read:

49.665 (4) (c) No family person may be denied health care coverage under this section solely because of a health condition of that person or of any family member of that person.

SECTION 1475. 49.665 (5) (a) of the statutes is amended to read:

49.665 (5) (a) Except as provided in par. pars. (b) and (bm), a family that, or child who does not reside with his or her parent, who receives health care coverage under this section shall pay a percentage of the cost of that coverage in accordance with a schedule established by the department by rule. If the schedule established by the department requires a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income towards the cost of the health care coverage provided under this section, the department shall submit the schedule to the joint committee on finance for review and approval of the schedule. If the cochairpersons of the joint committee on finance do not notify the department within 14 working days after the date of the department's submittal of the schedule that the committee has scheduled a meeting to review the schedule, the department's submittal of the schedule, the cochairpersons of the committee notify the department that the committee has scheduled a meeting to review the schedule, the department that the committee has scheduled a meeting to review the schedule,

the department may not require a family, or child who does not reside with his or her parent, to contribute more than 3% of the family's or child's income unless the joint committee on finance approves the schedule. The joint committee on finance may not approve and the department may not implement a schedule that requires a family or child to contribute more than 3.5% of the family's or child's income towards the cost of the health care coverage provided under this section.

**Section 1476.** 49.665 (5) (b) of the statutes is amended to read:

49.665 (5) (b) The department may not require a family, or child who does not reside with his or her parent, with an income below 143% 150% of the poverty line to contribute to the cost of health care coverage provided under this section.

SECTION 1476d. 49.665 (5) (bm) of the statutes is created to read:

49.665 (5) (bm) If the federal department of health and human services notifies the department of health and family services that Native Americans may not be required to contribute to the cost of the health care coverage provided under this section, the department of health and family services may not require Native Americans to contribute to the cost of health care coverage under this section.

SECTION 1476f. 49.665 (5m) of the statutes is created to read:

49.665 (5m) Outreach. The department shall coordinate with the department of public instruction to develop, and beginning on October 1, 1999, or on the effective date of this subsection .... [revisor inserts date], whichever is later, to implement, an outreach mailing targeted at families of children who are enrolled in the federal school lunch program under 42 USC 1751, et seq., to inform the families of those children about health care coverage under this section and the family's potential eligibility for that coverage.

SECTION 1477. 49.682 (2) (c) (intro.) of the statutes is amended to read:

statement were a final judgment.

1	49.682 (2) (c) (intro.) The court shall reduce the amount of a claim under par.
2	(a) by up to \$3,000 the amount specified in s. 861.33 (2) if necessary to allow the
3	client's heirs or the beneficiaries of the client's will to retain the following personal
4	property:
5	<b>SECTION 1478.</b> 49.682 (2) (c) 3. of the statutes is amended to read:
6	49.682 (2) (c) 3. Other tangible personal property not used in trade, agriculture
7	or other business, not to exceed \$1,000 in value the amount specified in s. 861.33(1)
8	<u>(a) 4</u> .
9	<b>SECTION 1479.</b> 49.682 (2) (e) of the statutes is renumbered 49.682 (2) (e) 1. and
10	amended to read:
11	49.682 (2) (e) 1. If the department's claim is not allowable because of par. (d)
12	and the estate includes an interest in a home, the court exercising probate
13	jurisdiction shall, in the final judgment or summary findings and order, assign the
14	interest in the home subject to a lien in favor of the department for the amount
15	described in par. (a). The personal representative or petitioner for summary
16	settlement or summary assignment of the estate shall record the final judgment as
17	provided in s. 863.29, 867.01 (3) (h) or 867.02 (2) (h).
18	<b>SECTION 1480.</b> 49.682 (2) (e) 2. of the statutes is created to read:
19	49.682 (2) (e) 2. If the department's claim is not allowable because of par. (d),
20	the estate includes an interest in a home and the personal representative closes the
21	estate by sworn statement under s. 865.16, the personal representative shall
22	stipulate in the statement that the home is assigned subject to a lien in favor of the
23	department for the amount described in par. (a). The personal representative shall
24	record the statement in the same manner as described in s. 863.29, as if the

1	SECTION 1481. 49.682 (6) of the statutes is created to read:
2	49.682 (6) The department may contract with or employ an attorney to probate
3	estates to recover under this section the costs of care.
4	SECTION 1482. 49.683 (2) of the statutes is amended to read:
5	49.683 (2) Approved costs for medical care under sub. (1) shall be paid from the
6	appropriation under s. 20.435 <del>(5)</del> <u>(4)</u> (e).
7	SECTION 1483. 49.687 (2) of the statutes is amended to read:
8	49.687 (2) The department shall develop and implement a sliding scale of
9	patient liability for kidney disease aid under s. 49.68, cystic fibrosis aid under s.
10	49.683 and hemophilia treatment under s. 49.685, based on the patient's ability to
11	pay for treatment. To ensure that the needs for treatment of patients with lower
12	incomes receive priority within the availability of funds under s. $20.435 (5) (4) (e)$ ,
13	the department shall revise the sliding scale for patient liability by January 1, 1994,
14	and shall, every 3 years thereafter by January 1, review and, if necessary, revise the
15	sliding scale.
16	SECTION 1483t. 49.775 (1) (a) of the statutes is amended to read:
17	49.775 (1) (a) "Custodial parent" has the meaning given in s. 49.141 (1) (b)
18	means, with respect to a dependent child, a parent who is eligible for supplemental
19	security income under 42 USC 1381 to 1383d or for state supplemental payments
20	under s. 49.77, or both, and who resides with a dependent child and, if there has been
21	a determination of legal custody with respect to the dependent child, has legal
22	custody of that child. For the purposes of this paragraph, "legal custody" has the
23	meaning given in s. 767.001 (2) (a).
24	SECTION 1483u. 49.775 (1) (b) of the statutes is amended to read:

49.775 (1) (b) "Dependent child" has the meaning given in s. 49.141 (1) (c)
means a person who is the son or daughter of a custodial parent, who resides with
that parent and who is under the age of 18 or, if the person is a full-time student at
a secondary school or a vocational or technical equivalent and is reasonably expected
to complete the program before attaining the age of 19, is under the age of 19.
SECTION 1483v. 49.775 (1) (c) of the statutes is created to read:
49.775 (1) (c) "Grandchild" means a person who is the son or daughter of a
custodial parent's dependent child who resides with the dependent child and, if there
has been a determination of legal custody with respect to that person, of whom the
dependent child has legal custody. For the purposes of this paragraph, "legal
custody" has the meaning given in s. 767.001 (2) (a).
SECTION 1483w. 49.775 (1) (d) of the statutes is created to read:
49.775 (1) (d) "Parent" has the meaning given in s. 49.141 (1) (j).
SECTION 1483x. 49.775 (2) (intro.) of the statutes is amended to read:
49.775 (2) Supplemental payments. (intro.) Subject to sub. (3), the department
shall make a monthly payment in the amount specified in sub. (4) to a custodial
parent for the support of each dependent child of the custodial parent, and for the
support of each grandchild, if all of the following conditions are met:
<b>SECTION 1483y.</b> 49.775 (2) (a) of the statutes is repealed.
SECTION 1483ym. 49.775 (2) (b) of the statutes is amended to read:
49.775 (2) (b) If the dependent child has 2 custodial parents, each custodial
parent receives is eligible for supplemental security income under 42 USC 1381 to
1383c or for state supplemental payments under s. 49.77, or both.
SECTION 1483z. 49.775 (2) (c) of the statutes is amended to read:

1	49.775 (2) (c) The dependent child and grandchild, if any, of the custodian
2	custodial parent meets meet the eligibility criteria under the aid to families with
3	dependent children program under s. 49.19 (1) to (19) or would meet the eligibility
4	criteria under s. 49.19 but for the application of s. 49.19 (20).
5	Section 1483zb. 49.775 (2) (d) of the statutes is amended to read:
6	49.775 (2) (d) The dependent child or the grandchild does not receive
7	supplemental security income under 42 USC 1381 to 1383d.
8	SECTION 1484b. 49.775 (4) of the statutes is renumbered 49.775 (4) (a) and
9	amended to read:
10	49.775 (4) PAYMENT AMOUNT. (a) The payment under sub. (2) is $$100 $250$ per
11	month per for one dependent child and \$150 per month for each additional dependent
12	child and, except as provided in par. (b), \$150 per month for each grandchild.
13	SECTION 1484c. 49.775 (4) (b) of the statutes is created to read:
14	49.775 (4) (b) If the custodial parent receives a payment under s. 48.57 (3m)
15	for the care and maintenance of a child, no payment may be made under this section
16	with respect to that child.
17	SECTION 1486j. 49.854 (2) (e) of the statutes is created to read:
18	49.854 (2) (e) Date that support lien docket is operational. The department
19	shall publish a notice in the Wisconsin Administrative Register that states the date
20	on which the statewide support lien docket is first operational. The department shall
21	publish the notice stating the date as soon as possible after the statewide support lien
22	docket begins operating or, if the department is able to determine with certainty the
23	date on which the statewide support lien docket will begin operating, as soon as
24	possible after the department determines that date.

and family services.

1	SECTION 1486k. 49.854 (2) (e) of the statutes, as created by 1999 Wisconsin Act
2	(this act), is repealed.
3	<b>SECTION 1487.</b> 49.855 (7) of the statutes is repealed.
4	SECTION 1488d. 49.857 (1) (d) 3. of the statutes is amended to read:
5	49.857 (1) (d) 3. A license issued under s. 48.66 (1) (a) or (b).
6	<b>SECTION 1488m.</b> 49.857 (1) (d) 12. of the statutes is amended to read:
7	49.857 (1) (d) 12. A license or certificate of registration issued under s. 138.09,
8	138.12, 217.06, 218.01, 218.02, 218.04, 218.05 or, 224.72, 224.93 or subch. III of ch.
9	551.
10	SECTION 1489. 49.89 (2) of the statutes is amended to read:
11	49.89 (2) Subrogation. The department of health and family services, the
12	department of workforce development, a county or an elected tribal governing body
13	that provides any public assistance under this chapter or under s. 253.05 as a result
14	of the occurrence of an injury, sickness or death that creates a claim or cause of action,
15	whether in tort or contract, on the part of a public assistance recipient or beneficiary
16	or the estate of a recipient or beneficiary against a 3rd party, including an insurer,
17	is subrogated to the rights of the recipient, beneficiary or estate and may make a
18	claim or maintain an action or intervene in a claim or action by the recipient,
19	beneficiary or estate against the 3rd party. Subrogation under this subsection
20	because of the provision of medical assistance under subch. IV constitutes a lien,
21	equal to the amount of the medical assistance provided as a result of the injury,
22	sickness or death that gave rise to the claim. The lien is on any payment resulting
23	from a judgment or settlement that may be due the obligor. A lien under this
24	subsection continues until it is released and discharged by the department of health

1	SECTION 1490. 49.89 (3m) (bm) of the statutes is created to read:
2	49.89 (3m) (bm) A person against whom a claim that is subrogated under sub.
3	(2) or assigned under sub. (3) is made, or that person's attorney or insurer, shall
4	provide notice under par. (c), if that person, attorney or insurer knows, or could
5	reasonably determine, that the claimant is a recipient or former recipient of medical
6	assistance under subch. IV, or is the estate of a former recipient of medical assistance
7	under subch. IV.
8	SECTION 1491. 49.89 (7) (c) of the statutes is amended to read:
9	49.89 (7) (c) The incentive payment shall be an amount equal to 15% of the
10	amount recovered because of benefits paid under s. 49.19, 49.20, s. 49.20, 1997 stats.
11	and 49.30 or 253.05. The incentive payment shall be taken from the state share of
12	the sum recovered, except that the incentive payment for an amount recovered
13	because of benefits paid under s. 49.19 shall be considered an administrative cost
14	under s. 49.19 for the purpose of claiming federal funding.
15	SECTION 1491m. 49.96 of the statutes, as affected by 1997 Wisconsin Act 105,
16	section 27g, is amended to read:
17	49.96 Assistance grants exempt from levy. All grants of aid to families with
18	dependent children, payments made under ss. 48.57 (3m) or (3n) or (3o), 49.148 (1)
19	(b) 1. or (c) or (1m) or 49.149 to 49.159, payments made for social services, cash
20	benefits paid by counties under s. 59.53 (21), and benefits under s. 49.77 or federal
21	Title XVI, are exempt from every tax, and from execution, garnishment, attachment
22	and every other process and shall be inalienable.

**Section 1493.** 50.02 (2) (d) of the statutes is created to read:

50.02 (2) (d) The department shall promulgate rules that prescribe the time
periods and the methods of providing information specified in ss. $50.033(2r)$ and $(2s)$ ,
50.034 (5m) and (5n), 50.035 (4m) and (4n) and 50.04 (2g) (a) and (2h) (a).

**Section 1495.** 50.033 (2) of the statutes is amended to read:

50.033 (2) REGULATION. Standards for operation of licensed adult family homes and procedures for application for licensure, monitoring, inspection, revocation and appeal of revocation under this section shall be under rules promulgated by the department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until revoked under this section. Licensure is not transferable. The biennial licensure fee for a licensed adult family home is \$75 \$135. The fee is payable to the county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county department licenses the adult family home under sub. (1m) (b), and is payable to the department, on a schedule determined by the department if the department licenses the adult family home under sub. (1m) (b).

## **SECTION 1496.** 50.033 (2r) of the statutes is created to read:

50.033 (2r) Provision of information required. Subject to sub. (2t), an adult family home shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286 and the availability of a functional and financial screen to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

## SECTION 1497. 50.033 (2s) of the statutes is created to read:

50.033 (2s) REQUIRED REFERRAL. Subject to sub. (2t), an adult family home shall, within the time period prescribed by the department by rule, refer to a resource center under s. 46.283 a person who is seeking admission, who is at least 65 years

- of age or has a physical disability and whose disability or condition is expected to last at least 90 days, unless any of the following applies:
- (a) For a person who has received a screen for functional eligibility under s. 46.286 (1) (a) within the previous 6 months, the referral under this subsection need not include performance of an additional functional screen under s. 46.283 (4) (g).
  - (b) The person is entering the adult family home only for respite care.
  - (c) The person is an enrollee of a care management organization.
- (d) For a person who seeks admission or is about to be admitted on a private pay basis and who waives the requirement for a financial screen under s. 46.283 (4) (g), the referral under this subsection may not include performance of a financial screen under s. 46.283 (4) (g), unless the person is expected to become eligible for medical assistance within 6 months.

SECTION 1498. 50.033 (2t) of the statutes is created to read:

50.033 (2t) APPLICABILITY. Subsections (2r) and (2s) apply only if the secretary has certified under s. 46.281 (3) that a resource center is available for the adult family home and for specified groups of eligible individuals that include those persons seeking admission to or the residents of the adult family home.

SECTION 1499. 50.034 (5m) of the statutes is created to read:

50.034 (5m) Provision of information required. Subject to sub. (5p), a residential care apartment complex shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286 and the availability of a functional and financial screen to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

1	SECTION 1500. 50.034 (5n) of the statutes is created to read:
2	50.034 (5n) REQUIRED REFERRAL. Subject to sub. (5p), a residential care
3	apartment complex shall, within the time period prescribed by the department by
4	rule, refer to a resource center under s. 46.283 a person who is seeking admission,
5	who is at least 65 years of age or has a physical disability and whose disability or
6	condition is expected to last at least 90 days, unless any of the following applies:
7	(a) For a person who has received a screen for functional eligibility under s.
8	46.286 (1) (a) within the previous 6 months, the referral under this subsection need
9	not include performance of an additional functional screen under s. 46.283 (4) (g).
10	(b) The person is entering the residential care apartment complex only for
11	respite care.
12	(c) The person is an enrollee of a care management organization.
13	(d) For a person who seeks admission or is about to be admitted on a private
14	pay basis and who waives the requirement for a financial screen under s. 46.283 (4)
15	(g), the referral under this subsection may not include performance of a financial
16	screen under s. 46.283 (4) (g), unless the person is expected to become eligible for
17	medical assistance within 6 months.
18	SECTION 1501. 50.034 (5p) of the statutes is created to read:
19	50.034 (5p) Applicability. Subsections (5m) and (5n) apply only if the secretary
20	has certified under s. 46.281 (3) that a resource center is available for the residential
21	care apartment complex and for specified groups of eligible individuals that include
22	those person seeking admission to or the residents of the residential care apartment
23	complex.

SECTION 1501d. 50.034 (6) of the statutes is amended to read:

50.034 (6) Funding for supportive, personal or nursing services that a person who resides in a residential care apartment complex receives, other than private or 3rd-party funding, may be provided only under s. 46.27 (11) (c) 7. or 46.277 (5) (e), unless except if the provider of the services is a certified medical assistance provider under s. 49.45 or if the funding is provided as a family care benefit under ss. 46.2805 to 46.2895.

SECTION 1502. 50.034 (8) of the statutes is created to read:

- 50.034 (8) FORFEITURES. (a) Whoever violates sub. (5m) or (5n) or rules promulgated under sub. (5m) or (5n) may be required to forfeit not more than \$500 for each violation.
- (b) The department may directly assess forfeitures provided for under par. (a). If the department determines that a forfeiture should be assessed for a particular violation, it shall send a notice of assessment to the residential care apartment complex. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the residential care apartment complex of the right to a hearing under par. (c).
- (c) A residential care apartment complex may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under par. (b), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by

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- ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (d) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
- (e) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under this section if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

## SECTION 1503. 50.035 (4m) of the statutes is created to read:

50.035 (4m) Provision of information required. Subject to sub. (4p), a community—based residential facility shall, within the time period after inquiry by a prospective resident that is prescribed by the department by rule, inform the prospective resident of the services of a resource center under s. 46.283, the family care benefit under s. 46.286 and the availability of a functional and financial screen to determine the prospective resident's eligibility for the family care benefit under s. 46.286 (1).

## SECTION 1504. 50.035 (4n) of the statutes is created to read:

50.035 (4n) REQUIRED REFERRAL. Subject to sub. (4p), a community-based residential facility shall, within the time period prescribed by the department by rule, refer to a resource center under s. 46.283 a person who is seeking admission,

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who is at least 65 years of age or has a physical disability and whose disability or 1 condition is expected to last at least 90 days, unless any of the following applies: 2 (a) For a person who has received a screen for functional eligibility under s. 3 46.286(1)(a) within the previous 6 months, the referral under this subsection need 4 not include performance of an additional functional screen under s. 46.283 (4) (g). 5 (b) The person is entering the community-based residential facility only for 6 7 respite care. (c) The person is an enrollee of a care management organization. 8 (d) For a person who seeks admission or is about to be admitted on a private 9 pay basis and who waives the requirement for a financial screen under s. 46.283 (4) 10 (g), the referral under this subsection may not include performance of a financial 11 screen under s. 46.283 (4) (g), unless the person is expected to become eligible for 12 medical assistance within 6 months. 13 **SECTION 1505.** 50.035 (4p) of the statutes is created to read: 14 50.035 (4p) APPLICABILITY. Subsections (4m) and (4n) apply only if the secretary 15 has certified under s. 46.281 (3) that a resource center is available for the 16 community-based residential facility and for specified groups of eligible individuals 17 that include those persons seeking admission to or the residents of the 18 community-based residential facility. 19 SECTION 1506. 50.035 (7) (c) of the statutes is amended to read: 20 50.035 (7) (c) If the date estimated under par. (a) 2. is less than 24 months after 21 the date of the individual's statement of financial condition, the community-based 22 residential facility shall provide the statement to the county department under s.

46.215 or 46.22 and shall refer the potential resident to the county department to

determine whether an assessment under s. 46.27 (6) should be conducted.

SECTION 1507.	50.035 (8) of the	statutes is repealed.
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**SECTION 1508.** 50.035 (11) of the statutes is created to read:

50.035 (11) FORFEITURES. (a) Whoever violates sub. (4m) or (4n) or rules promulgated under sub. (4m) or (4n) may be required to forfeit not more than \$500 for each violation.

- (b) The department may directly assess forfeitures provided for under par. (a). If the department determines that a forfeiture should be assessed for a particular violation, it shall send a notice of assessment to the community—based residential facility. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the licensee of the right to a hearing under par. (c).
- (c) A community-based residential facility may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under par. (b), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (d) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (c), within 10 days

after receipt of the final decision after exhaustion of administrative review, unless
the final decision is appealed and the order is stayed by court order. The department
shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
(e) The attorney general may bring an action in the name of the state to collect
any forfeiture imposed under this section if the forfeiture has not been paid following
the exhaustion of all administrative and judicial reviews. The only issue to be
contested in any such action shall be whether the forfeiture has been paid.
SECTION 1509. 50.037 (2) (a) of the statutes is amended to read:
50.037 (2) (a) The biennial fee for a community-based residential facility is
\$170 \$306, plus a biennial fee of \$22 \$39.60 per resident, based on the number of
residents that the facility is licensed to serve.
SECTION 1510. 50.04 (2g) of the statutes is created to read:
50.04 (2g) Provision of information required. (a) Subject to sub. (2i), a
nursing home shall, within the time period after inquiry by a prospective resident
that is prescribed by the department by rule, inform the prospective resident of the
services of a resource center under s. 46.283, the family care benefit under s. 46.286
and the availability of a functional and financial screen to determine the prospective
resident's eligibility for the family care benefit under s. 46.286 (1).
(b) Failure to comply with this subsection is a class "C" violation under sub. (4)
(b) 3.
SECTION 1511. 50.04 (2h) of the statutes is created to read:
50.04 (2h) REQUIRED REFERRAL. (a) Subject to sub. (2i), a nursing home shall,
within the time period prescribed by the department by rule, refer to a resource
center under s. 46.283 a person who is seeking admission, who is at least 65 years

1	of age or has developmental disability or physical disability and whose disability or
2	condition is expected to last at least 90 days, unless any of the following applies:
3	1. For a person who has received a screen for functional eligibility under s.
4	46.286 (1) (a) within the previous 6 months, the referral under this paragraph need
5	not include performance of an additional functional screen under s. 46.283 (4) (g).
6	2. The person is seeking admission to the nursing home only for respite care.
7	3. The person is an enrollee of a care management organization.
8	4. For a person who seeks admission or is about to be admitted on a private pay
9	basis and who waives the requirement for a financial screen under s. 46.283 (4) (g),
10	the referral under this subsection may not include performance of a financial screen
11	under s. 46.283 (4) (g), unless the person expected to become eligible for medical
12	assistance within 6 months.
13	(b) Failure to comply with this subsection is a class "C" violation under sub. (4)
14	(b) 3.
15	SECTION 1512. 50.04 (2i) of the statutes is created to read:
16	50.04 (2i) APPLICABILITY. Subsections (2g) and (2h) apply only if the secretary
17	has certified under s. 46.281 (3) that a resource center is available for the nursing
18	home and for specified groups of eligible individuals that include those persons
19	seeking admission to or the residents of the nursing home.
20	<b>SECTION 1513.</b> 50.04 (2m) of the statutes is renumbered 50.04 (2m) (a) and
21	amended to read:
22	50.04 (2m) (a) No Except as provided in par. (b), no nursing home may admit
23	any patient until a physician has completed a plan of care for the patient and the
24	patient is assessed or the patient is exempt from or waives assessment under s. 46.27

1	(6) (a) or 46.271 (2m) (a) 2. Failure to comply with this subsection is a class "C"
2	violation under sub. (4) (b) 3.
3	SECTION 1514. 50.04 (2m) (b) of the statutes is created to read:
4	50.04 (2m) (b) Paragraph (a) does not apply to those residents for whom the
5	secretary has certified under s. 46.281 (3) that a resource center is available.
6	SECTION 1515. 50.06 (7) of the statutes is amended to read:
7	50.06 (7) An individual who consents to an admission under this section may
8	request that an assessment be conducted for the incapacitated individual under the
9	long-term support community options program under s. 46.27 (6) or, if the secretary
10	has certified under s. 46.281 (3) that a resource center is available for the individual,
11	a functional and financial screen to determine eligibility for the family care benefit
12	under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual
13	or if the incapacitated individual is about to be admitted on a private pay basis, the
14	individual who consents to the admission may waive the requirement for a financial
15	screen under s. 46.283 (4) (g), unless the incapacitated individual is expected to
16	become eligible for medical assistance within 6 months.
17	SECTION 1515m. 50.065 (1) (c) 2. of the statutes is amended to read:
18	50.065 (1) (c) 2. Kinship care under s. 48.57 (3m) or long-term kinship care
19	under s. 48.57 (3m), (3n) or (3o).
20	SECTION 1521b. 50.065 (1) (ag) of the statutes is created to read:
21	50.065 (1) (ag) 1. "Caregiver" means any of the following:
22	a. A person who is, or is expected to be, an employe or contractor of an entity,
23	who is or is expected to be under the control of an entity, as defined by the department
24	by rule, and who has, or is expected to have, regular, direct contact with clients of the
25	entity.

1	b. A person who has, or is seeking, a license, certification, registration, or
2	certificate of approval issued or granted by the department to operate an entity.
3	c. A person who is, or is expected to be, an employe of the board on aging and
4	long-term care and who has, or is expected to have, regular, direct contact with
5	clients.
6	2. "Caregiver" does not include a person who is certified as an emergency
7	medical technician under s. 146.50 if the person is employed, or seeking employment,
8	as an emergency medical technician.
9	SECTION 1521c. 50.065 (1) (bm) of the statutes is created to read:
10	50.065 (1) (bm) "Contractor" means, with respect to an entity, a person, or that
11	person's agent, who provides services to the entity under an express or implied
12	contract or subcontract, including a person who has staff privileges at the entity.
13	SECTION 1521cm. 50.065 (1) (br) of the statutes is created to read:
14	50.065 (1) (br) "Direct contact" means face-to-face physical proximity to a
15	client that affords the opportunity to commit abuse or neglect of a client or to
16	misappropriate the property of a client.
17	SECTION 1521d. 50.065 (1) (c) (intro.) of the statutes is amended to read:
18	50.065 (1) (c) (intro.) "Entity" means a facility, organization or service that is
19	licensed or certified by or registered with the department to provide direct care or
20	treatment services to clients. "Entity" includes a hospital, a personal care worker
21	agency and, a supportive home care service agency, a temporary employment agency
22	that provides caregivers to another entity and the board on aging and long-term
23	care. "Entity" does not include any of the following:
24	SECTION 1521e. 50.065 (1) (cn) of the statutes is created to read:

1	50.065 (1) (cn) "Nonclient resident" means a person who resides, or is expected
2	to reside, at an entity, who is not a client of the entity and who has, or is expected to
3	have, regular, direct contact with clients of the entity.
4	SECTION 1521em. 50.065 (1) (dm) of the statutes is created to read:
5	50.065 (1) (dm) "Reservation" means land in this state within the boundaries
6	of a reservation of a tribe or within the bureau of Indian affairs service area for the
7	Ho-Chunk Nation.
8	SECTION 1521f. 50.065 (1) (e) of the statutes is repealed and recreated to read:
9	50.065 (1) (e) 1. "Serious crime" means a violation of s. 940.01, 940.02, 940.03,
10	940.05, 940.12, 940.19 (2), (3), (4), (5) or (6), 940.22 (2) or (3), 940.225 (1), (2) or (3),
11	940.285(2), 940.29, 940.295, 948.02(1), 948.025 or $948.03(2)(a)$ , or a violation of the
12	law of any other state or United States jurisdiction that would be a violation of s.
13	940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (3), (4), (5) or (6), 940.22 (2) or (3),
14	940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2)
15	(a) if committed in this state.
16	2. For the purposes of an entity that serves persons under the age of 18, "serious
17	crime" includes a violation of s. 948.02 (2), 948.03 (2) (b) or (c), 948.05, 948.055,
18	948.06, 948.07, 948.08, 948.11 (2) (a) or (am), 948.12, 948.13, 948.21 (1) or 948.30 or
19	a violation of the law of any other state or United States jurisdiction that would be
20	a violation of s. 948.02 (2), 948.03 (2) (b) or (c), 948.05, 948.055, 948.06, 948.07,
21	948.08, 948.11(2)(a) or $(am), 948.12, 948.13, 948.21(1)$ or $948.30$ if committed in this
22	state.
23	SECTION 1521fm. 50.065 (1) (g) of the statutes is created to read:
24	50.065 (1) (g) "Tribe" means a federally recognized American Indian tribe or
25	band in this state.

1	<b>SECTION 1521g.</b> $50.065(2)(a)(intro.)$ of the statutes is renumbered $50.065(4m)$
2	(a) (intro.).
3	<b>SECTION 1521h.</b> 50.065 (2) (a) 1. of the statutes is renumbered 50.065 (4m) (a)
4	1.
5	<b>SECTION 1521i.</b> 50.065 (2) (a) 2. of the statutes is repealed.
6	<b>SECTION 1521j.</b> 50.065 (2) (a) 3. of the statutes is renumbered 50.065 (4m) (a)
7	<b>3.</b>
8	<b>SECTION 1521k.</b> 50.065 (2) (a) 4. of the statutes is renumbered 50.065 (4m) (a)
9	4.
10	<b>SECTION 1521L.</b> 50.065 (2) (a) 5. of the statutes is renumbered 50.065 (4m) (a)
11	5.
12	<b>SECTION 1521m.</b> 50.065 (2) (ag) (intro.) of the statutes is renumbered 50.065
13	(4m) (b) (intro.) and amended to read:
14	50.065 (4m) (b) (intro.) Notwithstanding s. 111.335, and except as provided in
15	sub. (5), an entity may not hire or contract with a person who will be under the
16	entity's control, as defined by the department by rule, and who is expected to have
17	access to its clients, caregiver or permit to reside at the entity a person who is not a
18	client and who is expected to have access to a client nonclient resident, if the entity
19	knows or should have known any of the following:
20	<b>SECTION 1521n.</b> 50.065 (2) (ag) 1. of the statutes is renumbered 50.065 (4m)
21	(b) 1.
22	<b>SECTION 1521p.</b> 50.065 (2) (ag) 2. of the statutes is repealed.
23	<b>SECTION 1521q.</b> 50.065 (2) (ag) 3. of the statutes is renumbered 50.065 (4m) (b)
24	3.

1	<b>SECTION 1521r.</b> 50.065 (2) (ag) 4. of the statutes is renumbered 50.065 (4m) (b)
2	4.
3	<b>SECTION 1521s.</b> $50.065(2)(ag)5$ . of the statutes is renumbered $50.065(4m)(b)$
4	5.
5	SECTION 1521t. 50.065 (2) (am) (intro.) of the statutes is amended to read:
6	50.065 (2) (am) (intro.) Subject to subd. 5. and par. (bd), the The department
7	shall obtain all of the following with respect to a person specified under par. (a)
8	(intro.) sub. (1) (ag) 1. b. and a person specified under par. (ag) (intro.) who is a
9	nonclient resident or prospective nonclient resident of an entity:
10	SECTION 1521u. 50.065 (2) (am) 5. of the statutes is amended to read:
11	50.065 (2) (am) 5. Information maintained by the department under this
12	section regarding any denial to the person of a license, certification, certificate of
13	approval or registration or of a continuation of a license, certification, certificate of
14	approval or registration to operate an entity for a reason specified in par. sub. (4m)
15	(a) 1. to 5. and regarding any denial to the person of employment at, a contract with
16	or permission to reside at an entity for a reason specified in $\frac{\text{par. (ag)}}{\text{sub. (4m) (b)}}$ 1.
17	to 5. If the information obtained under this subdivision indicates that the person has
18	been denied a license, certification, certificate of approval or registration,
19	continuation of a license, certification, certificate of approval or registration, a
20	contract, employment or permission to reside as described in this subdivision, the
21	department need not obtain the information specified in subds. 1. to 4.
22	<b>SECTION 1521v.</b> 50.065 (2) (b) 1. of the statutes is renumbered 50.065 (2) (b),
23	and 50.065 (2) (b) (intro.) and 5., as renumbered, are amended to read:
24	50.065 (2) (b) (intro.) Subject to subds. 1. e. and 2. and par. (bd), every Every
25	entity shall obtain all of the following with respect to a person specified under par.

(ag) (intro.) who is an employe or contractor or a prospective employe or contractor caregiver of the entity:

5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in par. sub. (4m) (a) 1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in par. (ag) sub. (4m) (b) 1. to 5. If the information obtained under this subd. 1. e. subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subd. 1. e. subdivision, the entity need not obtain the information specified in subd. subds. 1. a. to d. to 4.

**SECTION 1521w.** 50.065 (2) (b) 2. of the statutes is repealed.

SECTION 1521xd. 50.065 (2) (bb) of the statutes is created to read:

50.065 (2) (bb) If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the final disposition of the charge, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under par. (am) or (b) does not indicate such a charge or conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub. (6) (a) or (am) or any other information

indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01 or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgment of conviction relating to that violation.

SECTION 1521y. 50.065 (2) (bd) of the statutes is amended to read:

50.065 (2) (bd) Notwithstanding pars. (am) and (b) 1., the department is not required to obtain the information specified in par. (am) 1. to 5., and an entity is not required to obtain the information specified in par. (b) 1. a. to e. to 5., with respect to a person under 18 years of age whose background information form under sub. (6) (am) indicates that the person is not ineligible to be employed, contracted with or permitted to reside at an entity for a reason specified in par. (ag) sub. (4m) (b) 1. to 5. and with respect to whom the department or entity otherwise has no reason to believe that the person is ineligible to be employed, contracted with or permitted to reside at an entity for any of those reasons. This paragraph does not preclude the department from obtaining, at its discretion, the information specified in par. (am) 1. to 5. with respect to a person described in this paragraph who is a nonclient resident or a prospective nonclient resident of an entity.

SECTION 1521z. 50.065 (2) (bg) of the statutes is amended to read:

50.065 (2) (bg) If an entity takes an action specified in par. (ag) (intro.) with respect to an employe, prospective employe, contractor or prospective contractor hires or contracts with a caregiver for whom, within the last 4 years, the information required under par. (b) 1. a. to e. 3. and e. 5. has already been obtained, either by another entity or by a temporary employment agency, the entity may obtain the that information required under par. (b) 1. a. to c. and e. from that other entity or

temporary employment agency, which shall provide the information, if possible, to the requesting entity. If an entity cannot obtain the information required under par. (b) 1. a. to e. 3. and e. 5. from another entity or from a temporary employment agency or if an entity has reasonable grounds to believe that any information obtained from another entity or from a temporary employment agency is no longer accurate, the entity shall obtain that information from the sources specified in par. (b) 1. a. to 3. and e. 5.

SECTION 1521zb. 50.065 (2) (bm) of the statutes is amended to read:

or (b) 1. is not a resident of this state, or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing or state court records provide a reasonable basis for further investigation, the department or entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. a. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining records of his or her criminal arrests and convictions.

SECTION 1521zc. 50.065 (2) (c) of the statutes is renumbered 50.065 (4m) (c) and amended to read:

50.065 (4m) (c) If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified in par. (ag) (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under par. sub. (2) (b) 1. If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (ag) (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of those reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of the information sought under par. sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph.

SECTION 1521zd. 50.065 (2) (d) of the statutes is created to read:

50.065 (2) (d) Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule.

SECTION 1521ze. 50.065 (3) (a) of the statutes is amended to read:

50.065 (3) (a) Every 4 years or at any time within that period that the department considers appropriate, the department shall request the information specified in sub. (2) (am) 1. to 4. 5. for all persons who are licensed to operate an entity and for all persons specified in par. (ag) (intro.) who are nonclient residents of an entity.

Section 1521zf. 50.065 (3) (b) of the statutes is amended to read:

1	50.065 (3) (b) Every 4 years or at any other time within that period that an
2	entity considers appropriate, the entity shall request the information specified in
3	sub. (2) (b) 1. a. to d. 5. for all persons specified in sub. (2) (ag) (intro.) who are
4	employes or contractors caregivers of the entity.
5	SECTION 1521zg. 50.065 (3m) of the statutes is amended to read:
6	50.065 (3m) Notwithstanding subs. (2) (b) 1. and (3) (b), if the department
7	obtains the information required under sub. (2) (am) or (3) (a) with respect to a person
8	specified in sub. (2) (a) (intro.) who is a caregiver specified under sub. (1) (ag) 1. b.
9	and that person is also an employe, contractor or nonclient resident of the entity, the
10	entity is not required to obtain the information specified in sub. (2) (b) 1. or (3) (b)
11	with respect to that person.
12	SECTION 1521zh. 50.065 (4) of the statutes is amended to read:
13	50.065 (4) An entity that violates sub. (2) $er_{*}(3) or (4m) (b)$ may be required to
14	forfeit not more than \$1,000 and may be subject to other sanctions specified by the
15	department by rule.
16	SECTION 1521zi. 50.065 (4m) (b) (intro.) of the statutes, as affected by 1999
17	Wisconsin Act (this act), is amended to read:
18	50.065 (4m) (b) (intro.) Notwithstanding s. 111.335, and except as provided in
19	sub. (5), an entity may not hire employ or contract with a caregiver or permit to reside
20	at the entity a nonclient resident, if the entity knows or should have known any of
21	the following:
22	Section 1521zj. $50.065(5)$ (intro.) of the statutes is renumbered $50.065(5)$ and
23	amended to read:
24	50.065 (5) The department may license, certify, issue a certificate of approval
25	to or register to operate an entity a person who otherwise may not be licensed,

certified, issued a certificate of approval or registered for a reason specified in sub.
(2) $(4m)$ (a) 1. to 5., and an entity may employ, contract with or permit to reside at
the entity a person who otherwise may not be employed, contracted with or permitted
to reside at the entity for a reason specified in sub. (2) (ag) (4m) (b) 1. to 5., if the
person demonstrates to the department, or, in the case of an entity that is located
within the boundaries of a reservation, to the person or body designated by the tribe
under sub. (5d) (a) 3., by clear and convincing evidence and in accordance with
procedures established by the department by rule, or by the tribe, that he or she has
been rehabilitated. No person who has been convicted of any of the following offenses
may be permitted to demonstrate that he or she has been rehabilitated:
SECTION 1521zk. 50.065 (5) (a) to (e) of the statutes are repealed.
SECTION 1521zL. 50.065 (5d) of the statutes is created to read:
50.065 (5d) (a) Any tribe that chooses to conduct rehabilitation reviews under
sub. (5) shall submit to the department a rehabilitation review plan that includes all
of the following:
1. The criteria to be used to determine if a person has been rehabilitated.
2. The title of the person or body designated by the tribe to whom a request for
review must be made.
3. The title of the person or body designated by the tribe to determine whether
a person has been rehabilitated.
3m. The title of the person or body designated by the tribe to whom a person
may appeal an adverse decision made by the person specified under subd. 3. and
whether the tribe provides any further rights of appeal.

- 4. The manner in which the tribe will submit information relating to a rehabilitation review to the department so that the department may include that information in its report to the legislature required under sub. (5g).
- 5. A copy of the form to be used to request a review and a copy of the form on which a written decision is to be made regarding whether a person has demonstrated rehabilitation.
- (b) If, within 90 days after receiving the plan, the department does not disapprove the plan, the plan shall be considered approved. If, within 90 days after receiving the plan, the department disapproves the plan, the department shall provide notice of that disapproval to the tribe in writing, together with the reasons for the disapproval. The department may not disapprove a plan unless the department finds that the plan is not rationally related to the protection of clients. If the department disapproves the plan, the tribe may, within 30 days after receiving notice of the disapproval, request that the secretary review the department's decision. A final decision under this paragraph is not subject to further review under ch. 227.

Section 1521zm. 50.065 (5m) of the statutes is amended to read:

50.065 (5m) Notwithstanding s. 111.335, the department may refuse to license, certify or register, or issue a certificate of approval to, a person to operate an entity, caregiver and an entity may refuse to employ, or contract with a caregiver or to permit a nonclient resident to reside at the entity a person specified in sub. (2) (ag) (intro.), if the person caregiver or nonclient resident has been convicted of an offense that the department has not defined as a "serious crime" by rule promulgated under sub. (7)(a), or specified in the list established by rule under sub. (7)(b) is not a serious

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1	<u>crime</u> , but that is, in the estimation of the department or entity, substantially related
2	to the care of a client.
3	<b>SECTION 1521zn.</b> 50.065 (6) (am) (intro.) of the statutes is renumbered 50.065
4	(6) (am) and amended to read:
5	50.065 (6) (am) Every 4 years an entity shall require all of the following persons
6	its caregivers and nonclient residents to complete a background information form
7	that is provided to the entity by the department:
8	<b>SECTION 1521zp.</b> 50.065 (6) (am) 1. and 2. of the statutes are repealed.
9	SECTION 1521zq. 50.065 (6) (b) of the statutes is amended to read:
10	50.065 (6) (b) For persons specified under par. (a) caregivers who are licensed,
11	issued a certificate of approval or certified by, or registered with, the department, for
12	person specified in par. (am) 2. nonclient residents, and for other persons specified
13	by the department by rule, the entity shall send the background information form
14	to the department. For persons specified under par. (am) 1., the entity shall maintain
15	the background information form on file for inspection by the department.
16	SECTION 1521zr. 50.065 (7) (a) and (b) of the statutes are repealed.
17	SECTION 1522. 50.065 (8) of the statutes is amended to read:
18	50.065 (8) The department may charge a fee for obtaining the information
19	required under sub. (2) (am) or (3) (a) or for providing information to an entity to

50.065 (8) The department may charge a fee for obtaining the information required under sub. (2) (am) or (3) (a) or for providing information to an entity to enable the entity to comply with sub. (2) (b) or (3) (b). The fee may not exceed the reasonable cost of obtaining the information. No fee may be charged to a nurse's assistant, as defined in s. 146.40(1)(d), for obtaining or maintaining the information if to do so would be inconsistent with federal law.

**Section 1522w.** 50.135(1) of the statutes is amended to read:

50.135 (1) Definition. In this section, "inpatient health care facility" means
any hospital, nursing home, county home, county mental hospital, tuberculosis
sanatorium or other place licensed or approved by the department under ss. 49.70,
49.71, 49.72, 50.02, 50.03, 50.35, 51.08, and 51.09, 58.06, 252.073 and 252.076, but
does not include community-based residential facilities.

**SECTION 1524.** 50.135 (2) (c) of the statutes is amended to read:

50.135 (2) (c) The fees collected under par. (a) shall be credited to the appropriations under s. 20.435 (1) (4) (gm) and (6) (jm) as specified in those appropriations for licensing, review and certifying activities.

**SECTION 1525.** 50.36 (2) (c) of the statutes is created to read:

50.36 (2) (c) The department shall promulgate rules that require that a hospital, before discharging a patient who is aged 65 or older or who has developmental disability or physical disability and whose disability or condition requires long—term care that is expected to last at least 90 days, refer the patient to the resource center under s. 46.283. The rules shall specify that this requirement applies only if the secretary has certified under s. 46.281 (3) that a resource center is available for the hospital and for specified groups of eligible individuals that include persons seeking admission to or patients of the hospital.

SECTION 1526. 50.38 of the statutes is created to read:

- **50.38 Forfeitures.** (1) Whoever violates rules promulgated under s. 50.36 (2) (c) may be required to forfeit not more than \$500 for each violation.
- (2) The department may directly assess forfeitures provided for under sub. (1). If the department determines that a forfeiture should be assessed for a particular violation, the department shall send a notice of assessment to the hospital. The notice shall specify the amount of the forfeiture assessed, the violation and the

statute or rule alleged to have been violated, and shall inform the hospital of the right to a hearing under sub. (3).

- (3) A hospital may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under sub. (2), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.
- (4) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.
- (5) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under this section if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

SECTION 1526g. 50.39 (2) of the statutes is amended to read:

50.39 (2) The use of the title "hospital" to represent or identify any facility which does not meet the definition of a "hospital" as provided herein or is not subject

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to approval under ss. 50.32 to 50.39 is prohibited, except that institutions governed by ss. 51.09 and 252.073 are exempt.

**SECTION 1526h.** 50.39 (3) of the statutes is amended to read:

50.39 (3) Facilities governed by ss. 45.365, 48.62, 49.70, 49.72, 50.02, 51.09, 58.06, 252.073, 252.076 and 252.10, secured correctional facilities as defined in s. 938.02 (15m), correctional institutions governed by the department of corrections under s. 301.02 and the offices and clinics of persons licensed to treat the sick under chs. 446, 447 and 448 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights of the medical examining board, physical therapists affiliated credentialing board, podiatrists affiliated credentialing board, dentistry examining board, pharmacy examining board, chiropractic examining board and board of nursing in carrying out their statutory duties and responsibilities.

**SECTION 1529.** 50.49(2)(b) of the statutes is amended to read:

50.49 (2) (b) The department shall, by rule, set a license fee to be paid by home health agencies. The fee shall be based on the annual net income, as determined by the department, of a home health agency.

**SECTION 1530.** 50.49 (4) of the statutes is amended to read:

50.49 (4) LICENSING, INSPECTION AND REGULATION. The Except as provided in sub. (6m), the department may register, license, inspect and regulate home health agencies as provided in this section. The department shall ensure, in its inspections of home health agencies, that a sampling of records from private pay patients are reviewed. The department shall select the patients who shall receive home visits as a part of the inspection. Results of the inspections shall be made available to the public at each of the regional offices of the department.

SECTION 1531. 50.49 (6m) of the statutes is created to read:

1	50.49 (6m) Exceptions. None of the following is required to be licensed as a
2	home health agency under sub. (4), regardless of whether any of the following
3	provides services that are similar to services provided by a home health agency:
4	(a) A care management organization, as defined in s. 46.2805 (1).
5	(b) A program specified in s. 46.2805 (1) (a).
6	(c) A demonstration program specified in s. 46.2805 (1) (b).
7	SECTION 1532d. 51.01 (14k) of the statutes is created to read:
8	51.01 (14k) "Secured child caring institution" has the meaning given in s.
9	938.02 (15g).
10	SECTION 1533d. 51.01 (14m) of the statutes is created to read:
11	51.01 (14m) "Secured correctional facility" has the meaning given in s. 938.02
12	(15m).
13	SECTION 1534d. 51.01 (14p) of the statutes is created to read:
14	51.01 (14p) "Secured group home" has the meaning given in s. 938.02 (15p).
15	SECTION 1531r. 50.94 of the statutes is created to read:
16	50.94 Admission to and care in a hospice for certain incapacitated
17	persons. (1) In this section:
18	(a) "Hospice care" means palliative care, respite care, short-term care or
19	supportive care.
20	(b) "Incapacitated" means unable to receive and evaluate information
21	effectively or to communicate decisions to such an extent that a person lacks the
22	capacity to manage his or her health care decisions.
23	(c) "Physician" means a person licensed to practice medicine and surgery under
24	ch. 448.

1	(d) "Terminal condition" means an incurable condition caused by injury, disease
2	or illness that according to reasonable medical judgment will produce death within
3	6 months, even with available life—sustaining treatment provided in accordance with
4	the prevailing standard of medical care.
5	(2) A person who is determined to be incapacitated under the requirements of
6	sub. (8), does not have a valid living will or valid power of attorney for health care
7	and has not been adjudicated incompetent under ch. 880 may be admitted to a
8	hospice under this section only if all of the following requirements are met:
9	(a) An individual who is specified in sub. (3) signs all of the following:
10	1. On behalf of the person who is incapacitated, an informed consent for the
11	receipt of hospice care by the person who is incapacitated.
12	2. A statement certifying that it is his or her belief, to the best of his or her
13	knowledge, that, if able to do so, the person who is incapacitated would have selected
14	hospice care.
15	(b) A physician certifies that the person who is incapacitated has a terminal
16	condition and that the physician believes that the individual under par. (a) is acting
17	in accordance with the views or beliefs of the person who is incapacitated.
18	(3) The following individuals, in the following order of priority, may act under
19	sub. (2) (a):
20	(a) The spouse of the person who is incapacitated.
21	(b) An adult child of the person who is incapacitated.
22	(c) A parent of the person who is incapacitated.
23	(d) An adult sibling of the person who is incapacitated.
24	(e) A close friend or a relative of the person who is incapacitated, other than as
25	specified in pars. (a) to (d), to whom all of the following apply:

the incapacitated person.

1. The close friend or other relative is aged at least 18 and has maintained		
sufficient regular contact with the person who is incapacitated to be familiar with the		
person's activities, health and beliefs.		
2. The close friend or other relative has exhibited special care and concern for		

- (4) The individual who acts under sub. (2) (a) may make all health care decisions related to receipt of hospice care by the person who is incapacitated.
- (5) The person who is incapacitated or the individual under sub. (4) may object to or revoke the election of hospice care at any time.
- (6) A person who disagrees with a hospice decision made under this section may apply under ch. 880 for temporary guardianship of the person who is incapacitated. In applying for the temporary guardianship, such a person has the burden of proving that the person who is incapacitated would not have consented to admission to a hospice or hospice care.
- (7) The individual who acts under sub. (2) (a) shall, if feasible, provide to all other individuals listed under sub. (3) notice of the proposed admission of the person who is incapacitated to a hospice and of the right to apply for temporary guardianship under sub. (6). If it is not feasible for the individual to provide this notice before admission of the person who is incapacitated to a hospice, the individual who acts under sub. (2) (a) shall exercise reasonable diligence in providing the notice within 48 hours after the admission.
- (8) A determination that a person is incapacitated may be made only by 2 physicians or by one physician and one licensed psychologist, as defined in s. 455.01 (4), who personally examine the person and sign a statement specifying that the person is incapacitated. Mere old age, eccentricity or physical disabilities, singly or

together, are insufficient to determine that a person is incapacitated. Whoever
determines that the person is incapacitated may not be a relative, as defined in s.
242.01(11), of the person or have knowledge that he or she is entitled to or has claim
on any portion of the person's estate. A copy of the statement shall be included in the
records of the incapacitated person in the hospice to which he or she is admitted.

SECTION 1531g. 50.498 (1) (intro.) of the statutes is amended to read:

50.498 (1) (intro.) The Except as provided in sub. (1m), the department shall require each applicant to provide the department with his or her social security number, if the applicant is an individual, or the applicant's federal employer identification number, if the applicant is not an individual, as a condition of issuing any of the following:

SECTION 1531h. 50.498 (1m) of the statutes is created to read:

50.498 (1m) If an individual who applies for a certificate of approval, license or provisional license under sub. (1) does not have a social security number, the individual, as a condition of obtaining the certificate of approval, license or provisional license, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of workforce development. A certificate of approval, license or provisional license issued in reliance upon a false statement submitted under this subsection is invalid.

SECTION 1531i. 50.498 (3) of the statutes is amended to read:

50.498 (3) The Except as provided in sub. (1m), the department shall deny an application for the issuance of a certificate of approval, license or provisional license specified in sub. (1) if the applicant does not provide the information specified in sub. (1).